

ATEEM

Adolescents in Transition to Education and Employment through Mentoring

Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email Address: _____

Social Sec. #: _____

Date of Birth: ___/___/___ Gender: Male Female

Emergency Contact: _____ Phone#: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

How did you become aware of this program? _____

Do you drive? ____ Yes ____ No.

Valid driver's license number: _____ Date of Expiration: _____

List auto insurer and policy number: _____

Do you have any restrictions on your ability to drive? _____

Do you or any of your family members have any experience with the juvenile court/legal system or DCFS? If yes, please explain:

Do you speak any languages other than English? If so, what Languages?

Educational Background

___ AA ___ BA ___ BS ___ PhD ___ Other: _____

Are you currently attending school? ___ yes ___ no

Area of Study: _____

Employment History

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____ May we call you at work? Yes No

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?
2. Do you have any previous experience volunteering or working with youth? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
4. Can you commit to participate in the ATEEM program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet with a child eight hours per month and have contact at least once per week? Please explain any particular scheduling issues.
6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
7. How would you describe yourself as a person?
8. How would your friends, family, and co-workers describe you?

9. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?

10. Have you ever used illegal drugs? If so, what substances were used and how often?

11. Are you currently using any illegal drugs or controlled substances?

12. Do you drink alcoholic beverages? If so, what and how often?

13. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?

14. Do you use tobacco products? If so, what and how often?

15. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.

16. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.

17. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.

18. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.

19. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

20. Are you willing to attend an initial mentor training session and two in-service training sessions per year after being matched?

Please read this carefully before signing:

The ATEEM Program appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that the ATEEM Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow the ATEEM Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date

Please return or mail this application and the items listed above to the ATEEM Program Coordinator; Chelan-Douglas CASA Program; P.O. Box 2027; Wenatchee, WA 98807.

Information Release

I, _____, understand it will be necessary for the ATEEM Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize the ATEEM Program to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for the ATEEM Program to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Signature

Date

Full Name _____

Please list any other cities, states, and dates of residency during the past 10 years.

_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
_____ City	_____ State	_____ From (m/year)	_____ To (m/year)

Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include one relative and two non-relatives. Any information the ATEEM Program gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____ How long known: _____

May we contact your references? ____yes ____no

We reserve the right to contact any other persons who may be known to you, and who you have not listed as a reference.

Mentor Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help the ATEEM Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply.

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___ Weekends: ___
Other: ___

Please indicate age group(s) you are interested in working with:

Age: ___8–11 ___12–14 ___15–18 ___19–21 Ethnicity: _____

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with. _____

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

What is your job and how did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals/ Pets	<input type="checkbox"/>	Painting/ Photos	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of strong interest:

WA State Licensing Driving Record Request

Your Name: _____

Driver's License Number: _____ **OR**

ID Number: _____

Date of birth: _____

Eye Color listed on your license/ID Card: _____

Last 4 digits of your Social Security Number: _____

Please sign to give the ATEEM Program permission to check your driving record with the Department of Licensing in WA State.

Signature

Date

Declaration and Release

Any applicant found to have been convicted of or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the CASA Program's credibility; or refuses to sign any necessary Declarations and Releases, is not eligible to be a CASA Volunteer.

I, _____, hereby declare that all of the answers provided on this application are true. I hereby authorize the Chelan/Douglas CASA/GAL Program (hereafter, the CASA Program) to investigate my background to determine my fitness as a potential volunteer. I hereby consent to the release of information to CASA from any state or federal law enforcement agency, Washington State Department of Social and Health Services/Children's Administration and any and all references or other individuals identified by me in this application.

I understand that the information in this application will be used only for the purpose of determining my suitability as a CASA/GAL volunteer. By signing, I am not obligated to accept this volunteer position nor is the CASA Program obligated to assign me a case. Further, I understand that after the successful completion of my training and a determination by the CASA Program that I have met all other requirements, I will be expected to serve a minimum of eighteen months as a CASA Volunteer, and that I will submit my written resignation to the Executive Director with as much advance notice as possible if I cannot fulfill the eighteen month commitment. I am aware of the sensitive and confidential nature of the official documents, reports, and other materials I will examine in my capacity as a CASA Volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise. Any copy of this release form is considered as valid as the original.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals, and/or philosophy of the CASA Program and their desire to provide quality services to abused and neglected children, my services as a CASA Volunteer will be terminated. I submit that the statements on this application are true, complete, and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal from the CASA Program at a later time.

Name (please print): _____ Date: _____

Signature: _____

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON IN AND FOR THE COUNTIES OF CHELAN AND DOUGLAS

Name: (Last, First, MI) _____ AKA : _____

DOB: _____ SSI#: _____ Ethnic Origin: _____

Ht: _____ Wt: _____ Hair Color: _____ Eye Color: _____

Current Address: _____

Dates at Current Address (Month & Year; ex. Jan. 2012-Jan.2-17): _____

1. Have you ever been convicted of a crime against persons? _____

If yes, in which cities, counties and states? _____

Dates of convictions: _____

For purpose of this statement, under RCW 43.43.840, a crime against person means "a conviction of any of the following offenses: aggravated murder, first or second degree murder, first or second degree kidnapping; first, second or third degree assault; first, second, or third degree rape; first or second degree of robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault, sexual exploitation of minors; first or second degree criminal mistreatment; or any of these crimes as they may be renamed in the future.

2. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted, exploited or physically abused any minor? _____

If yes, in which cities, counties and states? _____

Dates of convictions: _____

3. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused, exploited or physically abused any person? _____

If yes, in which cities, counties and states? _____

Dates of convictions: _____

4. Have you ever been found in any disciplinary board final decision to have sexually abused, exploited, or physically abused any person? _____

If yes, in which cities, counties and states? _____

Dates of convictions: _____

5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 a RCW to have abused or financially exploited a vulnerable adult? _____

If yes, in which cities, counties and states? _____

Dates of convictions: _____

NOTE: Please attach a statement on a separate sheet of paper regarding the circumstances for any "yes" answer to the following:

6. Have you been released from prison in the last seven years? Where? _____

7. Are you currently on probation or parole? _____

8. Have you had your name placed on a registry of child or adult abuse in this or any cities, counties, and states? _____

9. Have you been the subject of a mental health involuntary commitment proceeding? _____

10. Have you ever been denied a license to care for children or adults? _____

11. Have you ever had a license to care for children or adults suspended or revoked? _____

12. Are you currently under investigation for any criminal offense or by Child Protective Services? If so, in which cities, counties and states?

13. Have you ever lived in **any other city, county, or state in the past ten years** and, if so, list the cities, states and counties, as well as the month/year at each address. *Ex. East Wenatchee, WA; Douglas Co.; Jan. 2001-Jan.2017*

I declare, under penalty of perjury in the State of Washington, the foregoing facts and information contained herein are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, may serve as the basis for a finding of unsuitability as a volunteer, or immediate termination, regardless of when or how discovered.

I hereby authorize the investigation of all matters which Chelan/Douglas County CASA deems relevant to my qualifications as a volunteer, including all statements made in this disclosure statement and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons supplying it. I also release you from all liability, which may result from making the investigations. I understand that Chelan/Douglas County CASA may request and receive information from federal and/or state law enforcement agencies and any division of the State of Washington Department of Social and Health Services.

Printed Name: _____ Signature: _____

Mailing Address: _____

Date: _____